

## Foster Family Home - Corrective Action Report

Provider ID: 1-120014

Home Name: James Wilson, LPN

Review ID: 1-120014-7

91-992 Papapuhi Place

Reviewer: Angel England

Ewa Beach HI 96706

Begin Date: 7/11/2018

End Date:

8/16/18

### Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home visit made for a 2 bed new home application. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/3/18.

### Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.b.5 No confidentiality/privacy training present for CG#2 and CG#3

### Foster Family Home Personnel and Staffing [17-1454-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.a.3 the job experience form present does not indicate PCG's in home experience.

41.b.8 CPR and 1st aid for CG#1 expires 8/13/18. Blood borne pathogen training for CG#1 and CG#2 expires on 8/6/18. Must be renewed prior to certification.

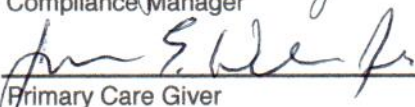
### Foster Family Home Physical Environment [17-1454-48]

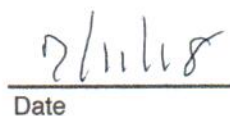
48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.c.3 There is a tile missing in front of front doorway that could be a trip hazard. The second refrigerator and freezer has some spilled food areas on them.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

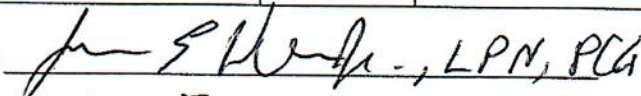
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: James Wilson CCFFH

CCFFH Address: 91-992 Papapuhi Place - Ewa Beach Hawai'i 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1.b.5	Training provided to all employees on the Home's confidentiality.	7/23/18	Make sure training is provided and acknowledgment of training is signed and dated
41.a.3	Job Experience form completed	7/25/18	Verify that the completed Job Experience form is included with all documentation in CTA Binder.
41.b.8	Blood borne pathogens and infection control training completed	7/23/18	Enter reminders into calendar which will notify PCG when credentials are nearing renewal and review all credentials quarterly
48.c.3	Missing tile at the front of the house in front of the doorway replaced, Refrigerator cleaned and defrosted.	7/23/18	Routinely inspect property on for any repairs needed, which may be a hazard to patients ambulating areas. Clean and defrost patient's refrigerator on a monthly basis, make sure food and liquid spills are cleaned immediately

Primary Caregiver's Signature:

 , LPN, PCG

Print Name:

James E. Wilson Jr.

Date of Signature:

8/13/18